

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000099325

FILED
Aug 03, 2009
Secretary of State

Entity Name: IDEAL CONSULTANTS, INC.

Current Principal Place of Business:

13411 SW 20 ST
MIRAMAR, FL 33027

New Principal Place of Business:

817 DIXON BOULEVARD
SUITE 1000
COCOA, FL 32926

Current Mailing Address:

13411 SW 20 ST
MIRAMAR, FL 33027

New Mailing Address:

615 E 4TH AVENUE
WILLIAMSON, WV 25661

FEI Number: 65-0878197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTANEDA, LAZARO G
13411 SW 20TH STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

FARLEY, JOSEPH D
817 DIXON BLVD
SUITE 1000
COCOA, FL 32926 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH D FARLEY

08/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTANEDA, LAZARO G
Address: 13411 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: CASTANEDA, OLGA
Address: 13411 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: FARLEY, JOSEPH D
Address: 817 DIXON BLVD, SUITE 1000
City-St-Zip: COCOA, FL 32926

Title: S (X) Change () Addition
Name: FARLEY, OLGA
Address: 817 DIXON BLVD, SUITE 1000
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D FARLEY

PR

08/03/2009

Electronic Signature of Signing Officer or Director

Date